

Application for Vacant Town Council Seat Term expiring January 3, 2022

Application Deadline: 5:00 p.m. Monday, September 14, 2020

APPLICANT INFORM	ATION:							
Name:								
Address:								
	Street	C	ity	State		Zip Code		
Telephone Number:								
Email Address:								
QUALIFICATIONS:								
I certify that I meet th	e following Qualifica	ations:						
I am a citizen of the United States.					Yes		No	
I am a registered voter in the Town of Apple Valley.					Yes		No	
I have been a resident Town of Apple Valley f			dent of a	recent	ly ann Yes	exed a	rea of the No	
I have not been convicted of a felony.					Yes		No	
CERTIFICATION OF A	PPLICANT:							
PLEASE READ THE FOLLO	WING PARAGRAPH	CAREFULLY BEF	ORE SIGN	ING.				
I certify that all statement misrepresentation of madisqualification.								
I understand that inform Town of Apple Valley to	•		•	record a	and au	ıthorize	e the	
Applicant's Signature				 Date				

All applicants are required to submit, with the application, a resume and a brief one (1) page written statement explaining why you are interested in serving on the Town Council and any prior involvement in Town or community organizations or activities.